

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: LaPorte

LCC: LaPorte County Drug Free Partnership

Date: June 30, 2006



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Plan Summary

Mission Statement: To bring together representatives, organizations and agencies, both public and private, which seek to provide optimal resources for the combating of alcohol and other drug abuse in LaPorte County. To formulate a countywide comprehensive plan, while evaluating and restructuring to insure its goals are met. To fund proposed projects and programs by awarding grants from the local portion of the Drug Free Community Fund.

History: The LCC was founded in 1989 as the local affiliate of the Governor's Commission. However, a group of concerned individuals had been meeting monthly for several years prior to the LCC's formation, to address substance abuse issues. This group became the core membership. Since 1989 we have revised our by-laws several times and grown in membership to 46 agencies and 48 active individuals plus a total of 14 advisory members and 16 more who are on an informational membership mailing list. There is an average of 33 attending each monthly meeting. We have continued to endeavor to bring awareness and focus to the community concerning the problems of alcohol and other drugs in this county. In July 1999, the membership approved the employment of a part time coordinator to attend to LCC business. As the membership has grown and efforts to impact a wider segment of the population the hours have been expanded to 25 hours a week or more on occasion this past year. The LCC initiated a meeting agenda that has proven to be a very productive and positive step. In January, 2004 we began holding our business meetings one month alternating with the next meeting devoted to committee work. The major committees are, of course, prevention, treatment and justice. We also have a Red Ribbon Committee that plans activities for all the schools in the county as well as Marketing, and Oversight, who meet as needed. The committees are where the real work of the LCC has been occurring with the coordinator providing backup and support. To allow the committees to make as much progress and impact as possible we hold committee meetings whenever there is time at our regular business meetings as well. We give a small stipend to provide adult leadership for the Youth Making Moves teen advisory group that have planned and sponsored several Teen Night activities this year for county youth. In addition we and they co-hosted a Youth Forum in March that has provided insight into what our youth define as the problems and presented many ideas for potential ways to address some of them including possible grants to the teens to carry out their programs.

Some of the factors that make LaPorte County ideal for development of business and tourism include: 1) LaPorte County is bordered by Gary, Porter County and Chicago, IL. (65 miles) to the west and South Bend 30 miles to the east. Other influences are the Interstate and Toll Roads that dissect our northern geography bringing people traveling through from Detroit as well as eastern Indiana and Ohio. 2) There is public transportation available from the South Shore Railroad, Amtrak and many rail lines that

carry materials around the bottom of Lake Michigan to and from Chicago. 3) We draw many tourists with such attractions as Lake Michigan's shores, a large outlet mall, a number of fine county and city parks, smaller lakes, golf courses, and a major gambling casino. Despite all of these entities creating jobs and recreational opportunities, Northwest Indiana has suffered significantly from the loss of manufacturing business and the economy is not robust in LaPorte County. This leads to hopelessness, homelessness, crime and substance use/abuse in some segments of the population. And our geographic location gives easy access to the Interstates where drugs are readily available east in Michigan and west in Gary and Chicago. We have a significant population of minorities including approximately 15% African American who sadly account for some 85 to 90% of jail inmates and a Hispanic population that is growing by leaps and bounds. Both of these minorities bring with them positive contributions to our diverse population but challenges as well. One other consideration is LaPorte County's large geographical size (second in the state), most of which is rural in nature. The communities in the south are small; youth there are many miles from LaPorte and Michigan City and most are without transportation to participate in activities and events. Another factor affecting the county is the number of prisons located here with prisoner's families locating here that are usually low income and on welfare and of course is single parent families as well.

According to the PREV-STAT LaPorte County Profile #1 produced by IPRC in 2004t year, LaPorte County ranks in the top 10% of counties in Indiana with African American and Hispanic populations and in the bottom 10% in per capita income change over the past 20 years. Its unemployment, alcohol related crashes, and divorce rates are higher than the state. 24% of county citizens have less than a high school education, and 26% of the population has college degrees compared to 32% across the state. One fourth of all families are headed by a single female parent while 33 % of households have one spouse absent. Our citizens gamble more on the lottery than other Hoosiers, but not at the casino, and smoke at a higher rate. The crime index is 6% higher and property crime rate 23% higher than Indiana though personal crime is slightly lower than state statistics. The median income in households is 7% lower than the state. On the positive side 66% of families have two parents, but in 46% both are employed leaving children with less supervision and attention after school. We are awaiting new PREV-STAT data for our county to be available July 1 to go along with the RU Study to help us examine and determine what to do and how we should move forward in prevention, law enforcement and treatment for our citizens.

The number of meth labs located and closed down has remained quite low, only one for each of the previous three years, two last years and four in 2005. However, meth as a serious drug problem is headed this way as we are only miles up the road from Starke County and others near by that have seen the growing impact on their citizens. LaPorte County Metro Operations, the undercover drug operation, had 492 total drug cases in 2004. Those drugs included cocaine, marijuana, methadone, oxycontin, percocet, vicodin, and more.

Summary of the Comprehensive Community Plan: The Community Forum we held in March, 2005 has allowed us to reach beyond our traditional agencies and organizations to tap the knowledge and wisdom of many other community leaders. This has given impetus to holding a first time youth forum in March, 2006 with the intent of continuing this dialogue with citizens and youth on a biannual basis. The problem statements identified last year are the basis of our efforts to focus on these issues through programs and funding and serve as our guide as how to allocate grant monies in the county. A new initiative this year was inclusion of the two larger city's Chambers of Commerce to collaborate in conducting the first Business Substance Abuse Survey to find out more about county adult behaviors and the impact on employment.

This plan will outline the efforts we have made to address the five problem statements as identified at our community forum in 2005 through financial support of approximately 20 -22 programs that impact those goals and objectives. We participate in other groups such as the Tobacco Coalition, the study committee for drug court, and we have offered our leadership to the annual Symposium held by the Juvenile Justice Advisory Committee on addiction topics and speakers to include. The plan will outline the new programs in place, new initiatives and continuing support of those agencies and organizations we believe are making an impact in the community. It will include results of a commissioned study in late 2005 of substance use by our citizens by the Roosevelt University, Chicago, Institute for Metropolitan Affairs. We will include copies of the monthly columns we have had published in two of the three county newspapers as well as shared with many schools for principals to use in their school newsletters. We will provide as many statistics and as much data as we can gather to document how LaPorte County but have not had and still do not have as much cooperation as we need from treatment facilities, hospitals, and schools. There was only one School Corporation that has allowed any survey of their students on ATOD in 2004 or 2005, the others did not survey. A small in-house (20 questions with only a few on ATOD) done by most schools internally. They did share that data when we requested it. When we asked all the schools for reports and information in January, 2006 we were referred to the published reports on the schools on ISTEP printed in the local newspapers. Roosevelt University has done interviews and repeatedly asked for annual statistics from a wide variety of agencies and institutions with a few not cooperating. And of course we will use RU's information extensively for our county plan. Somehow many agencies must have felt if they gave annual reports to Roosevelt University they did not have to send one to the LCC so we are unable to do as many data comparisons from 2005 as we would like.

Local Drug Free Communities Fund Information will send as a separate report as our community consultant has instructed.

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Membership List

County LCC Name: LaPorte County Drug Free Partnership

Name	Organization	Race	Gender	Category
Donna Albers	Swanson Center	Caucasian	Female	Treatment
Albertine Allen	Minority Health Coalition	Af. American	Female	Prevention
*Kelly Bajdek	LP Hosp. ER	Caucasian	Female	Treatment
*Judge Paul Baldoni	LP Superior Ct.	Caucasian	Male	Justice
Scott Barlag	Juv. Svs. Center	Caucasian	Male	Justice
Leigh Barnes	LP Com. Schools	Caucasian	Female	Prevention
Tina Bernth	New Prairie Schools	Caucasian	Female	Prevention
*Tim Bietry	MC Chamber	Caucasian	Male	All areas
*Dr. Derek Bjonback	Purdue North Central	Caucasian	Male	Treatment
Jeane Bock	Dunebrook	Caucasian	Female	Prev/Treatment
*Judge William Boklund	LP Superior Ct.	Caucasian	Male	Justice
Dan Bolinger	Superior Court	Caucasian	Male	Justice
*Anita Bowser	State Senator	Caucasian	Female	Govt.
Michele Briggs	Camp Summit	Caucasian	Female	Justice
Major Gary Broiling	Sheriff's Dept.	Caucasian	Male	Jusice
*Mary Kay Budak	State Representative.	Caucasian	Female	Govt.
Donna Bunch	Westville Schools	Caucasian	Female	Prevention
Joseph Bunch	Juv. Svs. Center	Caucasian	Male	Justice
Carnessa Carnes	Youth Advisor/Parent	Af. American	Female	Prevention
Dan Carpenter	Boy Scouts	Caucasian	Male	Prevention
Susan Corwin	Girl Scouts	Caucasian	Female	Prevention
*John Jones,	LaPorte County			Govt.

Pres.	Council			
Joyce Dalton	Open Door Health Center	Caucasian	Female	Treatment
Steve Eyrick	Superior Court	Caucasian	Male	Justice
Rebecca Fistel	Circuit Court	Caucasian	Female	Justice
*Chief Dave Gariepy	LaPorte PD	Caucasian	Male	Justice
Carol Gilmore	Superior Ct.	Caucasian	Female	Justice
*Judge Robert Gilmore	Circuit Court	Caucasian	Male	Justice
Sandra Gleim	Healthy Communities	Caucasian	Female	Prevention
*Chief Jim Guning	Westville PD	Caucasian	Male	Justice
*William Hager	County Commision	Caucasian	Male	Govt.
Capt. Mark Harris	Michigan City PD	Caucasian	Male	Justice
Brenda Henry	Mich. City Schools	Caucasian	Female	Prevention
Prentiss Hervey	Boys and Girls Clubs	Af. American	Male	Prevention
Roxann Justice	LADS	Caucasian	Female	Treatment
Daniel Kachur	Dockside Services	Caucasian	Male	Treatment
Tina Kaldahl	New Prairie Schools	Caucasian	Female	Prevention
Lois Keim	Swanson Center	Caucasian	Female	Prevention
Lamar Koontz	LCC Coordinator	Caucasian	Female	All areas
*Sgt. W. Lee	IN. State Police	Af. American	Male	Justice
Kathie Matuszak	Madison Center	Caucasian	Female	Treatment
Robyn McShane	Youth Svs. Center	Caucasian	Female	Prevention/Justice
Allison Middlebrook	Schools in Communities	Caucasian	Female	Prevention
*Chief Ben Neitzel	Michigan City PD	Caucasian	Male	Justice
Lester	IN. State Police	Af.	Male	Justice

Norvell		American		
Kris Pate	Healthy Families	Caucasian	Female	Prevention
Scott Pelath	State Representative	Caucasian	Male	Govt.
Don Peters	YANA	Caucasian	Male	Treatment
Bonnie Quigley	LP Co. Metro	Caucasian	Female	Justice
Deb Reason	LP County Schools	Caucasian	Female	Prevention
Kandace Rice	Community Corrections	Caucasian	Female	Justice
Bonnie Schaaf	Youth Svs. Bureau	Caucasian	Female	Justice
Capt. Terry Scherer	LP PD	Caucasian	Male	Justice
*Michael Seitz	LP Chamber	Caucasian	Male	All areas
Jim Simon	Read, LP County	Caucasian	Male	Prevention
Erika Stallworth	Juv. Svs. Center	Af. American	Female	Prev/Treatment
Rich Swallow	IN State Excise Police	Caucasian	Male	Justice
Marie Taylor	Madison Center	Af. American	Female	Treatment
Dr. Paul Turgi	PACT	Caucasian	Male	Treatment
*Alice Ulm	St. Anthony Hospital	Caucasian	Female	Treatment
Scott Upp	LP Schools	Caucasian	Male	Prevention
Becky Williams	HOPE	Af. American	Female	Prevention
Belinda Winter	LP County Schools	Caucasian	Female	Prevention
Sgt. Chris Yagelski	Mich. City PD	Caucasian	Male	Justice
Ken Young/Neil Singleton	Operation Fellowship	Af. American	Male	Prevention
Note: * indicates advisory membership				
Informational	Dr. Charles	Family	Af.	Treatment

Member List	Motely	Practice	American Male	
	Bobbi Petry	Am. Red Cross	Caucasian Female	Prevention
	Bruce Zahn	MC YMCA	Caucasian Male	Prevention
	Bob Gaekle	PNC Police	Caucasian Male	Justice
	Jim Gunning	Westville PD	Caucasian Male	Justice
	Sgt Willie Lee	IN State Police	Af. Am. Male	Justice
	Dr. Dennis Shawver	LP Schools	Caucasian Male	Prevention
	Herb Higgins	Safe Harbor	Caucasian Male	Prevention
	Jeff Pollack	LP Stress Ctr.	Caucasian Male	Treatment
	Jennifer Hurt	Voyagers	Female	Prevention
	Jerry Huddleston	Ivy Tech	Caucasian Male	Prevention
	Les Norvell	ISPolice	Af. Am. Male	Justice
	Jolene May	LP Hospital	Caucasian Female	Treatment
***See attachment for more names	Judy Franks	LP Hospital	Caucasian Female	Treatment

Problem Identification

Problem Statement #1: There is a serious problem within the county regarding community norms and attitudes about the use of alcohol, and a lack of family support systems that result in increased alcohol, tobacco and other drug use/abuse.

Supportive Data:

- Data from the IPRC LaPorte County Profile # 1 indicates the number of alcohol beverage outlets in LaPorte County was 226 or 2.05 per capita while the per capita number for Indiana is 1.67.
- Many community/religious festivals and functions are centered around or include “beer barns” as a drawing card and fundraiser. Some parents send confusing messages to their children by serving alcohol at graduation parties and others believe allowing their children to drink at home is a safe option.
- Alcohol annual spending totaled an average of \$422 per capita according to the Profile.
- Michigan City Police report in 2004 136 OWI arrests, up by 33, and total alcohol related arrests 333, up from 273 in 2003. There were 378 alcohol related arrests by the Sheriff’s Dept. in 2003 that was down slightly to 351 in 2004. LaPorte Police report 242 OWI and total alcohol related arrests at 411.
- County wide juvenile arrests and referrals are higher (117) for alcohol than for drugs (80).
- Swanson Center’s 2004 treatment data reporting 1018 clients of all ages were treated with alcohol related problems.
- Stepping Stone Women’s Shelter indicates of the 93 clients accepted in 2004 83% were substance users/abusers with alcohol being the most preferred drug.
- Alcohol related accidents were almost 10% of all accidents reported by the Sheriff’s Dept. but this information was not included in the other police department reports.
- One 2002 state study indicates that the LP County estimated fatalities involving alcohol is 33% and 25% have a BAC above .08.
- A 2005 Epidemiological study of NW Indiana reports that 19.4% of those seeking help for binge drinking were from LaPorte County, higher than Lake or Porter Counties, Indiana (15.1%) or nationally (13.7%). In addition this study indicates in LaPorte County 5.2% have driven in the past month after having too much to drink, 6.9% are considered chronic drinkers, (higher than all the above groups) and 6.8% of deaths per 100,000 died of chronic liver disease in 2002.
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Year 1 Update:

- **The Roosevelt University Study, undertaken in late 2005, will be released June 7, 2006. They have provided us with much additional information.**
- **Unfortunately we have to report LaPorte County's attitudes nor public use has changed little in the past year concerning the use of alcohol.**
- **We appeared with others at a county Alcohol Beverage Commission in 2005 and were able to provide testimony to get them to reject an application for a license for a Smoke Shop located miles out in the country side. Their decision was appealed by the applicant and upheld in Indianapolis but was further appealed to a Commission Hearing Judge who overruled and granted the license. When local commissions have their decisions overturned concerning ABC licenses it seriously harms the local efforts to address these problems at home. Maybe laws need to be changed.**
- **The RU study indicates that there are relationships between numbers of alcohol licenses holders in a county and alcohol problems. Data indicates that the number of license holders per 1000 population in LaPorte is 2.05 while the number for Indiana is 1.67. (We understand our state numbers were incorrect last year but we are still much higher.)**

We continue to have community functions and festival centered around or include "bee barns" but we hope to begin to make a dent in those over time. The release of the RU study and recommendations may help raise awareness about these issues. The Study highlights some serious indicators that our county's attitudes and use of alcohol is not diminishing but rather the problems they cause has increased over the past five years.

LaPorte Hospital Stress Center has seen an increase of 144% in alcohol mentions in clients with the greatest increase with females of 350% from 2000 to 2005. Madison Center does not see such increases in alcohol alone but a substantial increase of 97% in poly-substance clients for treatment. This compares with Indiana admissions for treatment for alcohol of an increase of 14% between 2002 and 2004 and a 16% increase in alcohol with a secondary drug.

Stepping Stone Women's Shelter client's drug of choice continues to be alcohol with smaller numbers of marijuana and new this year is amphetamine and several poly drug users.

LPPD reports 526 calls for domestic problems in 2005, 464 in 04 with domestic offenses up from 127 to 143. Sheriff's Dept. reports their domestic calls at 423 up from 397 and offenses at 127 the same as 2004.

- **Adult OWI arrests in 2005 in LaPorte City totaled 285 and alcohol related arrests were 507 compared to 214 OWI's and 411 in 2004. The Sheriff's Dept. showed an increase from 196 to 256 in OWI arrests over 2004. It also shows 428 total alcohol arrests in 2005 up from 310 in 04. The rate of OWI arrests per 1000 population was 7.92 for Michigan City and 8.65 for LaPorte. The RU study postulates the difference may be affected by the fact that LaPorte City has no public transportation nor taxis while Michigan City does and people that have consumed too much have no alternative means to get home other than drive.**
- **The business study revealed one third of those reporting have been affected by alcohol problems with employees, 54% do not have an EAP and of those only 4 offer any help or referral, one third conduct random drug screens and the same number terminate those that fail. One third indicates interest in training for employers which we will follow up on this fall.**

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Objectives:

- 1. Increase and support parenting skill programs including ATOD information parents can use with their children. Provide incentives to recruit parent involvement.
- 2. Support formation of parent support groups to address problems such as condoning alcohol use at home, parent responsibilities and their own use.
- 3. Support ATOD free activities for families. Promote life style change for entertainment.
- 4. Mount an aggressive campaign to change community attitudes through enlisting schools, businesses and civic groups to adopt a “Values” and “Anti Drug Agenda” county wide
- 5. “Market” youth use of ATOD facts and implement educational efforts to raise parent awareness and address their naivete through the use of the web site, monthly newspaper articles etc.
- 6. Encourage high fees for beer tent licenses/ encourage other ways of adult fund-raisers without alcohol.
- 7. Conduct a bi-annual Community Forum to enlist input and continue to identify problems and solutions.
- 8. Publicize retailers that serve to underage youth and increase penalties.
- 9. Support increases in alcohol and tobacco excise taxes.
- 10. Increased support for law enforcement of existing laws/DUI patrols.
- 11. Conduct compliance checks on retail establishments.
- 12. Work with ABC Commission to insure accountability for beverage server licenses.
- 13. Encourage increased assistance and support for families affected by alcohol and drugs.
- 14. Encourage and promote the use of a Parent-Teen Party Guide that supports a parent agreement to call one another, always be present and not to allow alcohol to be served at gatherings in their home.

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Year 1 Update:

- **The objectives that have been met indicate our commitment to making a difference in LaPorte County and we intend to continue to work on the implementation of the remainder of our objectives during the next two years. With the Roosevelt Study in hand we will hold one or two work sessions this summer/fall that will use the information to define further actions and address it's recommendations.**
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- **Substance use and it's impact on the workforce was indentified as a major problem at a forum LaPorte City Chamber of Commerce held in October. As a result we conducted a survey of businesses across the county to find out the scope of the problems employers are seeing concerning alcohol and other drug use with employees. We will be releasing the data we gathered and make plans to sponsor workshops for employers to educate them about the problem.**
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- **We wrote "The Partnership Perspective", a monthly news column starting in September, 2005 and was able to get it published in two of the county newspapers (the third one declines to print it). It targets parents and the community about alcohol and other problems teens face and provides tools and support for parents to be more involved in supervising their children's activities. We are including copies of those articles at the end of our plan.**
- **We provide tools for parents including the sale through collaboration with the County Health Dept. offices of 5 panel drug tests for parents to test their children if drug use is suspected and encouraging their use as a deterrent by keeping one in the home. 692 have been distributed in the four years we have offered them and they were free the first three years .**
- **We had simple alcohol tests available for sale for the past two years and just rolled out a multi use micro breathalyzer for parents. We will now add a focus to sell them as an "Arrive Alive" PR effort. We wish to encourage all adults to use these as a means to reduce drunk driving.**
- **The LCC began to be actively involved in 2005 in the local Alcohol Beverage Board's licensing proceedings where it concerns smoke shops and convenience stores. We spoke in support of denying new licenses and have written a letter of protest to the Indiana Tobacco and Alcohol Commission when the local and Commission's denial for a license was overturned by a hearing officer in Indianapolis.**
- **We held a Youth Forum for high school students in March and plan to follow up with additional meetings with the youth at individual high schools in the fall. Continue to promote drug free events for teens and stronger prevention efforts such as Afternoons ROCK and a Boys and Girls Club prevention program.**
- **Our third annual public recognition program was held for the top police officers making DUI arrests across the county.**
- **A grant was funded to the In. State Excise Police in our area to pay for overtime to conduct compliance checks at targeted times such as proms, graduation, the county fair and holidays.**
- **The LCC annually sponsor Alcohol Beverage Server Training open to all 226 ABC holders to train their employees.**
- **Members serve on the Symposium Planning Committee to help plan the LP County Juvenile Advisory Board's annual training event steering the 2005 and 2006 event to focus on substance abuse.**
- **They also serve on the Tobacco Coalition.**

Year 2 Update:

Goals:

- **To continue to address and change through the objectives the community norms by at least 10 % annually regarding underage drinking and the use of alcohol by adults.**
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- **To continue to work closely with community groups and to educate and raise parent awareness by 10% annually about underage drinking .**
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- **To use the information gathered in the Roosevelt University Study this coming year so we can identify 3 to 5 new actions/programs and fund those at highest priority to address the new and increasing challenges it has identified on the extent of the alcohol and other problems affecting our citizens.**
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Year 1 Annual Benchmarks:

- **THE PARAGRAPH BELOW APPLIES TO ALL BENCHMARK REPORTS ON EACH OF THE FIVE PROBLEM STATEMENTS IN OUR COUNTY PLAN.**
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- **Please note that at present we are working from an approved County Plan submitted in 2005 without benchmarks. This makes it difficult to integrate specifics as you are asking us to do in evaluating our progress with the objectives in each problem statement. Over the next two years we will give you an assessment of our progress, any data we see that indicates progress and when we write a new plan in 2008 we will be more specific on benchmarks.**
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Year 2 Annual Benchmarks:

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- **The benchmark we strive to achieve is a reduction in the use and abuse of alcohol and other drugs in this county in all areas, age groups and genders. We have no specific numbers or percentages at this time.**
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Final Report:

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Problem Statement #2: There is a serious problem in gathering, distributing and increasing public knowledge about factual information and statistics related to ATOD use and abuse in LaPorte County. A high priority was given to the community norms of adult alcohol use by the 2005 Community Forum.

Supportive Data:

- There has not been any effort in the past to conduct a full county assessment as to the extent of substance use and abuse.
- There is no central data collection site in the county beyond what the LCC collects for the annual county plan.
- Only a one of our county school corporations have conducted student ATOD surveys in recent years that we are aware of.
- We were informed that most of the schools have conducted a “needs assessment” this year, however, as of this time there has been no information shared with the LCC.

- Law enforcement keeps records and shares their data but many do not keep all that is relevant to our purposes.
- Emergency Rooms at the two local hospitals have not been forthcoming with their substance related data despite requests.
- Two of the three outpatient treatment centers, Madison Center and Stress Center at LaPorte Hospital did not respond to requests for AOD data .
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Year 1 Update:

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- **The first step we made in addressing the problem of gathering and distribution of information related to AOD was the hiring of Roosevelt University to conduct an in-depth study of LaPorte County's substance abuse. All drugs and alcohol are covered in the study with the exception of marijuana which the researchers would not include as they stated it is the "only one whose use does not cause death".**
- **There continues to be resistance from the school officials to all outsiders to survey students but we are approaching them once again with another proposal to apply for a SAMHSA prevention grant in 2007 with the understanding that the schools would do surveys for evaluation purposes. If they choose not to assist us we may not write the grant or may approach student research through other means. Roosevelt University is preparing a proposal for the LCC to use student focus groups outside of school to gather youth behavior trends and depth of their drug knowledge.**
- **We have approached emergency rooms in both hospitals with information about DAWN (Drug Abuse Warning Network), keeping those type of records for us and are still working with them about their privacy concerns. We believe we will soon over come their reluctance to help us.**
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- **Plans are under discussion about when and how to release the information from the Roosevelt Study as well as the Business Survey in order to create the greatest impact on community/parent awareness.**
- **The Partnership Perspective news column has been received with some positive feedback from readers however, we are in a real dilemma as to how to get it out to the readers of the LaPorte Herald Argus that reaches approximately 1/3 of the county. This newspaper choses not to publish the Perspective. We do have it printed monthly in the Michigan City and Westville Indicator , a small weekly paper reaching south of the county and some information on occasion in a free bimonthly magazine that is distributed through many locations in the county and in some school take-home newsletters.**

Year 2 Update:

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Final Update:

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Objectives:

- **1. Enlist an outside agency to gather data on ATOD use within the county and designate an agency to update and store this information.**
- **2. Urge the local hospitals to join the DAWN national network for emergency room calls. Collect data from emergency rooms as to AOD related admissions.**
- **3. Publicize the data collected to help address problem of community/parent awareness.**
- **4. Present crime statistics to community to demonstrate the effect of AOD abuse.**
- **5. Encourage schools to conduct yearly surveys and to share the results with the community.**
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Year 1 Update:

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- **1. As we have written above we are making progress in most of the objectives we set out for Problem Statement #2. The Roosevelt University Study is about to be released. In it the Study suggests that the LCC should serve as the designated agency to gather and store such data as we have in the past.**
- **2. We are working with the hospitals as have the RU researchers so we are optimistic we will have their ER data next year. We also need to convince the coroner to keep AOD death stats and share those.**
- **3. All new pertinent data will be released to the public with the next few months from both the RU study and the business survey.**
- **4. The Study and business survey will be used in the next 3 months to determine where we need to focus our efforts and how to move forward.**
- **5. We continue to encourage the schools to help us by conducting yearly surveys. Two years ago we hosted meetings between the schools and LCC to offer to cooperatively apply for outside grants to fund a county wide drug curriculum for all 7th and 8th graders without There was no interest.**
- **6. In April, 2005 we offered to bring the DUI SAFETY BUG program to all county high schools in spring 2006, asking only that they give us available dates, the use of their parking lot and help with some adult supervision. We set aside funding and offered to pay all costs involved. Then later we approached the school corporation superintendents last August with the same proposal. So far there has been no positive response or indication of interest. We continue to try to work with school authorities.**
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Year 2 Update:

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Final Update:

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Goals:

- **To raise awareness by at least 10% through a more aggressive campaign to educate the public about substance abuse/problems across the county**

- To have one location designated to serve to gather and store data about AOD use and abuse in LaPorte County.
- To have both of the area hospital emergency rooms keep records similar to DAWN and share them with the LCC.
- To include a representative number (25%) of area school middle and high school students (9300) in our data collection efforts and to gather that data annually.
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Year 1 Annual Benchmarks:

- Specific benchmarks will be addressed in the 2008 County Plan.
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Year 2 Annual Benchmarks:

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Final Report:

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Problem Statement #3: Problem Statement # 3: LaPorte County sends mixed messages about ATOD to our youth. Our youth continue to increase their alcohol and other drug use every year between ages 12 and 17 which are higher than the state and national averages.

Supportive Data:

- The LCC has been providing free drug tests for parents to use to test their children through the County Health Offices since June, 2002. In the first year we distributed free 175 tests and sold a few to those who wanted more than one, 175 in year two and 225 for the past year.
- Mixed messages abound as some high profile civic organizations and churches in the community serve alcohol at their fundraising events including the famous “beer barns” during the county fair week and the annual Dingus Day event.
- Using research from the Alcohol Cost Calculator for Kids based on the population figures of 12,593 young people in LaPorte County ages 12 to 20 we can estimate the following: of 6,064 youth ages 12-15, 246 have a serious alcohol problem and 88% do not get treatment; of 3,729 ages 16-17, 570 have a serious alcohol problem and 83% do not get treatment; of 5,598 ages 18-20, 1070 have a serious alcohol problem and only 16% do get treatment. The estimated total of 1886 young people age 12 –20 who have a serious alcohol problem is a staggering figure to contemplate. Even more striking is that only about 15% get treatment. These children with untreated alcohol problems are 8.5 times more likely to have other drug problems, 7 times more likely to drink and drive, more likely to smoke, be arrested, to attempt suicide, get into a serious fight, carry a weapon and require emergency room care.

- | LaPorte County Student Comparison Data on Monthly Use in 2004 | | | | | | | | | | | |
|---|-----------|-------|-----------|-------|-----------|-------|-----------|-------|------------|-------|--|
| | 6th grade | | 7th grade | | 8th grade | | 9th grade | | 11th grade | | |
| | Local | State | Local | State | Local | State | Local | State | Local | State | |
| Smoke | 6.1 | 5.4 | 16.2 | 8.9 | 30.0 | 13.4 | 16.9 | 18.2 | 18.5 | 25.1 | |
| Alcoh | 24.2 | 9.8 | 8.1 | 15.3 | 46.7 | 23.5 | 38.9 | 29.4 | 34.9 | 36.5 | |
| Marij. | 3.0 | 2.5 | 5.4 | 4.5 | 20.0 | 9.8 | 15.4 | 12.1 | 9.3 | 17.2 | |
| Inhal | 9.1 | 3.8 | 18.9 | 4.8 | 20.0 | 4.7 | 3.1 | 3.9 | 0.0 | 2.7 | |
| Amphet | 0.0 | 0.3 | 0.0 | 1.1 | 0.0 | 2.1 | 6.0 | 3.8 | 2.3 | 5.4 | |

- Comparisons indicate that LP County 8th grade youth use tobacco, alcohol and marijuana at a higher rate than nationally.
- In another 2004 survey of 218 youth ages 10 to 14 enrolled in Afternoons ROCK data indicated that 3.4% smoked monthly, 10% used alcohol, 2% used marijuana and 3% tried inhalants.



- **Comprehensive Community Study** states "The number of alcohol mentions in those entering treatment under 30 years old represented 13 percent of the total alcohol mentions in 2000, while in 2005 those under 30 represented more than a third of the total alcohol diagnoses.
- "One fourth of Swanson Center mentions in 2000 were under 30, which increased to over 35 percent in 2005. This data suggests that youth alcohol misuse has become an increasing more prevalent problem in LaPorte County over the past 5 years."
- The report continues "Most notable is the large increase in the below 30 treatment population. The recent shift towards younger treatment mentions is alarming and warrants assessment and reform of current drug and alcohol education in the schools. Both treatment center data sets indicate large increases among many individuals, demonstrating that alcohol affects communities of all ages."
- One statistic that stands out is the increase in treatment between 2000 and 2005 of alcohol mentions in clients under age 18, up by 100% at Swanson Center and by 1200% at LP Hospital Stress Center.
- The Sheriff's Dept. lists 18 OWI juvenile arrests in 2005 with none in 2004 and arrests for violation of ABC acts have more than doubled from 26 in 04 to 66 in 2005.
- Juvenile Probation is reporting AOD referrals at 181, OWI 22, marijuana 47 and other drugs 8, totalling 250. They made a total of 1757 referrals (not actual kids). This is down from 2004 referrals 1812 and 395 AOD related

All county public schools conducted a health survey in March of 2005 on 100% of their 8th and 10th grade students. All the schools released their data except Michigan city. There were fifteen questions of which seven related to student substance use in the past six months. The schools report the results as follows:

Students who have smoked cigarettes-	8th grade 30%	10th grade 44%
Students who have used smokeless tobacco-	8th grade 8%	10th grade 36%

- **Students that have used marijuana-** 8th grade 19% 10th grade 36%
 - **Used illegal drugs in past 6 months-** 8th grade 20% 10th grade 26%
 - **Come to school under the influence AOD-** 8th grade 12% 10th grade 19%
 - **Purchased illegal drugs at school-** 8th grade 12% 10th grade 17%
 - **Used alcohol in past 6 months** 8th grade 38% 10th grade 66%
- This schools survey compares closely with the data we had last year on teen substance use.**
- **Comparing local use reports with those of the 2005 Indiana Youth Risk Behaviors** all Indiana 9-12th grades show slight decreases in ever used alcohol from 77.8 to 75.09 and currently using down from 44.9 to 41.9. Note LaPorte's 10 graders report significantly higher stats using past 6 months at 66% . Indiana reports 18.9 currently use marijuana, 38.7% have used in their lifetime (ours are comparable here at 36%) and 28.9 have gotten illegal drugs at school. It appears our schools are doing a good job in curbing illegal use/distribution at school.
 - **From data released in the newspaper reporting of ISTEP results in 2005** we note in middle schools the general expulsion rates have dropped showing results with some new intervention programs such as Project Ed.. Totals countywide show 114 expulsions from AOD/weapons in all grades in 2005 compared to 93 in 2004. High school and elementary numbers have dropped slightly but there has been an increase from 31 to 49 AOD/weapons for middle schools for all school corporations.

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Objectives:

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- **1. Encourage and support community efforts for after school and summer program activities such as but not limited to YMCA, Safe Harbor, Afternoons ROCK, drop in centers, martial arts, summer recreational programs. Continue to add “fun” to the prevention message**
- **2. Support and fund “Youth To Take Action”, sponsored by the LCC, to plan and implement ATOD free youth activities through out the county.**
- **3. Support increases in the use of evidence based prevention curricula for upper elementary and middle school students and give priority to fund those prevention programs that contain proven strategies and are model programs.**
- **4. Support intervention and treatment alternatives within schools for youth ages 14 to 18, such as but not limited to student assistance programs, Project Ed and MAP.**
- **5. Conduct a bi-annual Youth Forum to listen to our youth for creative ideas and programs concerning their views of the problems and solutions about ATOD use.**
- **6. Address the transportation needs of many youth to enable them participate in programs and activities.**
- **7. Mount and fund underage drinking campaigns targeting events and groups such as but not limited to prom, graduation, driver’s ed classes, and education programs such as College Safety and Survival presentations.**

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Year 1 Update:

- A new youth advisory group was activated this year with approximately 12 youth participating. They planned and sponsored a Halloween Dance, attended the IN. Youth Summit, held several Open Mic nights and helped to plan and attended a Youth Forum to work on youth issues.
- We are now exploring the idea of holding individual forums at each high school after school next year to further involve and activate the youth into developing their own solutions. In addition to financial support for the group the LCC provides adult leadership by paying an adult a small stipend to work directly with the youth group.
- We funded grant monies for other youth programs including expansion of Afternoon's ROCK, Boys and Girls Club anti drug programs, assisted two schools with alternative education/intervention programs for youth, supported driver education programs with a new anti drinking/driving power point presentation county wide, supported inner city additional youth scholarships for after school fitness, called "An Alternative to Drugs", supported Red Ribbon activities for all grades, for the first time awarded two college scholarships for graduating drug free students who will publicly pledge to remain so during the next school year.
- Our DUI Impact and Focus Task Force have been planning educational activities associated with prom and graduation and twice we offered to facilitate and fund bringing the DUI Safety Bug to all county high schools. The schools indicated no interest both times.
- The Partnership Perspective newspaper column began in September, 2005 and was published in Michigan City and Westville for the south county. This has been primarily targeted to the parent/community in an effort to educate them as to the realities of teen age behaviors and risks they face. We continue to address many related AOD topics such as inhalants, alcohol, drug testing, parent quizzes on what to watch for in their teens, etc.

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Year 2 Update:

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Final Update:

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Goals:

- **To reduce the use of AOD by LaPorte County youth by 5% annually to a level at or below those of the state and the nation.**
- **To explore applying for a SAMHSA prevention grant for the county in 2007 providing we can obtain the schools cooperation in surveying students so that we can have sufficient data to use.**
- **To explore alternative methods of gathering data about youth substance use behavior.**
- **To use the Roosevelt Study and other county information to annually inform , educate and motivate to change at least 10% of the public about youth substance use and all substance abuse problems across the county.**
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Year 1 Annual Benchmarks:

- **Benchmarks were never set in the previous county plan**
- **. We have seen a slight drop in reported alcohol use by 8th graders, but higher alcohol use by 10th graders from the 2005 plan. We must continue to work to reduce AOD use by our youth from the present unacceptable levels.**
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Year 2 Annual Benchmarks:

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Final Report:

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Problem Statement #4: The use/abuse of alcohol and other drugs places a tremendous burden on law enforcement and the courts of LaPorte County. This results in overcrowding within our jails, probation departments and juvenile facilities and is reflected in the problems we see with our youth.

Supportive Data:

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- In 2004 there were a total of 4395 jail bookings, 3135 arrests (adult and juvenile), and 2801 warrants issued. These are up from 2003. The number of inmates in the jail with substance abuse related offenses is dramatic. On May 24, 2005 there were 258 inmates. Of those 158 or 61% were incarcerated directly because of alcohol or other drugs. This does not include those with theft or robbery that committed those crimes because of drugs. It would be very safe to say over 80% of the jail population is AOD related.
- Juvenile Probation handled 1812 referrals in 2004 from various police departments, parents and schools, down slightly from 2017 in 2003. The referrals ranged in youth ages 7 to 18 years with the greatest numbers age 15. 68% were male and 35% were African American. 61% were repeat offenders and 297 were placed on Official Probation with 23 on Informal Probation. Nearly one fourth or 395 were alcohol or other drug related.
- LaPorte Metro Operations had 492 cases and confiscated drugs with a street value of \$378,885 resulting in 181 arrests and 121 warrant arrests in 2004.
- The three county major police departments reported 1035 alcohol related arrests and 228 drug related arrests.
- There were 1327 domestic and disturbance calls in MC, 989 in the Sheriff's Dept. and 855 in LaPorte last year.
- Stepping Stone Women's Shelter data reflects a direct relationship between domestic violence and AOD.
- Substance use by LaPorte County youth is well documented in Problem Statement # 3.
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Year 1 Update:

- ***** We did not receive annual reports from some agencies as we have in the past. Our requests for their data were made in mid January and then again in March. We did not receive annual reports from Michigan City PD, Metro Operations, any of the adult probation depts., the Juvenile Services Center, any treatment centers in the county and any of the schools. Undoubtedly this may be because of RU's research activities within the county. RU did obtain some data we have never had before and there are others such as the county coroner and emergency rooms that did not comply to either RU or our requests. As a result we are using information from the RU study and the reports that were provided to us.**
- **The Sheriff's department reports the statistics continue to spiral upwards from 4395 jail bookings in 2004 to 4934 in 2005. Adult and juvenile arrests increased from 3135 in 04 to 3460 in 2005. What is most troubling about these is that the number of juveniles rose by 22% from 198 to 242 and adult arrests rose by a similar percentage. Alcohol related accidents increased by 15% to 114, however, fatalities dropped by 26% which is very good news.**
- **LaPorte City Police reports 1573 arrests in 2005 compared to 1305 in 2004 and juvenile arrests this year at 374, a drop of 10 from 2004.. Noted in the RU Study DUI arrests in Michigan City last year were down from 2000 by 25% from 207 to 155 but up by 43% in LaPorte City from 214 in 2000 to 305 in 2005. One question arises we will be looking at and that is the "why" between the two cities especially when Michigan City population is greater by about 10,000. OWI arrests rates per 1000 population for the two cities rose from 7.92 in 2000 to 8.65 in 2005.**
- **The RU study concludes that alcohol remains an increasing community problem that is "persistent and pervasive". Treatment admissions for alcohol have steadily increased since 2000. Alcohol mentions increased at two of the three treatment centers by 144% and 180% from 2000 to 2005 and of the 141 clients admitted by the third center, 58% showed diagnoses of comorbid combining drug addictions with mental health problems. It is no wonder the arrests have increased and our criminal justice system is overcrowded and even overwhelmed at times.**
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Year 2 Update:

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Final Update:

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Objectives:

- **1. Investigate if there is consistency in county sentencing practices and encourage courts to develop countywide guidelines.**
- **2. Support the establishment of a drug court for youth and for adults.**
- **3. Support funding for literacy education, and assistance for indigent, homeless, elderly and incarcerated citizens.**
- **4. Support funding for additional treatment options for citizens.**
- **5. Research, advocate and promote best practices guidelines for AOD sentencing.**
- **6. Promote sentence reform within the Dept. of Corrections to address substance abuse treatment at earlier stages in the criminal justice cycle.**
- **7. Monitor the activity and influence of violent, criminal organized gangs who may be bringing drugs, including meth, into the county.**
- **8. Increase awareness by retailers and farmers about the products that are used to manufacture meth.**
- **9. Support tougher consequences for juvenile offenders to help change behaviors early on.**
- **10. Advocate for and encourage the use of ignition interlocks for convicted DUI offenders.**

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Year 1 Update:

- **Efforts are underway to explore the possibility of a drug court in LaPorte County. We have one or two judges supporting the concept but a prosecutor basically opposed (who also believes and states openly that marijuana should be decriminalized and is not a real problem). There will be several changes in judges in 2007 so it would be good timing to start a court as new ones are coming on. It is difficult to determine how successful the effort will be. The LCC has pledged financial support to help in its first year.**
- **We funded scholarships for inmates who wish to participate in the new jail treatment program but cannot raise the \$450 required for each person. We have funded grants to support other jail treatment for the past five year.**
- **We are funding new grants for literacy programs within the jail population this year and encourage courts and other treatment options where possible.**
- **By providing grant money last fall to the LaPorte City Police for a meth awareness program we were out in front of addressing the problem that to date has not been a serious one in our county.**
- **Our LCC was also one of the recipients of an Indiana grant on meth awareness in 2002.**
- **We financially support AA programs within the Community Corrections program believing that these offenders need to work on their addictions while serving their time.**
- **Through our Justice Committee who all work in the justice community we continue to advocate for and encourage program that include ignition interlocks, tough consequences for juvenile offenders as well as intervention.**
- **The Treatment Committee is dedicated to finding and helping to fund additional treatment options in the county including a residential program.**
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Year 2 Update:

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Final Update:

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Goals:

- To see a drug court established in LaPorte County in 2007.
- To support at least one new treatment option for citizens along with or rather than jail time.
- To support the establishment of a residential treatment program in LaPorte County.
- To reduce the burden of law enforcement and the courts by lowering by 5% the high number of alcohol and other drug offenses in the county.
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Year 1 Annual Benchmarks:

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- The benchmarks will be addressed in the 2008 county plan.
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Year 2 Annual Benchmarks:

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Final Report:

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Problem Statement #5: Problem Statement # 5 There is a continuing need for increased ATOD treatment options, resources and funding for both adults and youth in the county

Supportive Data:

- There is significant documented ATOD use/abuse in this county and many of those needing help do not find any treatments options available or affordable.
- The county is in the top 10% in Indiana in both African American and Hispanic populations and in the bottom 10% in per capita increases in income levels. Unemployment rates are higher than in the state and nationally and one third of the households have only one spouse according to the IPRC LaPorte County Profile # 1 out in 2004.
- The county has a higher percentage of auto crashes involving alcohol than the rest of the state. These circumstances can indicate or lead to substance abuse and a need for treatment.
- LaPorte County Metro Operations (undercover drugs) handled 492 cases in 2004 with a street value of \$378,885, down, however, from 586 cases in 2003. Arrests were closely divided between white (143) and black (158) citizens with Hispanics, 11.
- In the Problem #3 Supportive Data we have presented documentation on the use of substances by our youth at a higher rate than across the state and nationally.
- A total of 1032 youth were sent to the Juvenile Services Center in 2004 in the secure side, under home monitoring and to residential sections. Of those 75 were directly involved in alcohol or drugs charges/arrests including one with cocaine.
- The Juvenile Probation Department handled 1812 referrals involving 946 juveniles, 335 females and 611 males. Of those 395 were for AOD.
- Michigan City Police reported 273 adult arrests for alcohol violations and 163 for drugs. LaPorte PD reported 411 alcohol arrests and 37 for drug possession and the Sheriff's Dept. 351 arrests for alcohol and 28 for drugs. This totals 1053 alcohol related arrests and 228 for drugs.
- The treatment options available within the county include the Swanson Center, Madison Center (South Bend headquartered), and Stress Center at LP Hospital. The Behavioral Health Center at St. Anthony Hospital closed last June allegedly because of financial concerns. There are no long term residential programs.
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Year 1 Update:

- Comprehensive Community Plan**
- With some serious threat risks defined by the Roosevelt University Study being presented June 7th our focus on treatment must be paramount. Our 5 problem statements are so interrelated and are so dependent on one another and the supportive data in each of them applies to them all. The county remains in the top 10% in African American and Hispanic populations as well as the bottom 10% in per capita increases in income levels. The above issues, unemployment, and the number of single parent families all may contribute to the reported mental health problems and subsequent alcohol and drug abuse. These are demonstrated by the 58% comorbid diagnosis of clients in one of our treatment centers. The RU Study indicate pharmacological opiate seizures rose 236% between 2001 and 2004. Cocaine in grams seized in LaPorte City have risen from 596 to 3228 and in Michigan City from 982 to 1542 since 2004. Treatment data at one hospital shows an increase of 460% of cocaine mentions since 2000 but they were down from 74 in 2004 to 56 in 2005. Mentions at HAP rose from 48 to 61 and at another center were up from 2004 from 33 to 48 with the greatest increases in ages 21 -29 up 66 %. Another disturbing trend is that the female use of all these substances is increasing dramatically.

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Opiate mentions at one treatment center were down from 51 in 2004 to 44 in 2005 but up from 2000 by 1367%. Unduplicated methadone patients from LaPorte County have increased from 11 in 2000 to approximately 100 in 2005. With these numbers this means we need a Methadone Clinic in our county.

- The county's most serious pervasive and problem seems to be alcohol abuse and addiction. One treatment center reports an increase from 70 alcohol mentions in 2000 to 171 in 2005 (down slightly from 174 in 2004). Another lists 101 mentions for alcohol in 2000 to 281 in 05 about the same as 283 in 04.
- The Business Substance Abuse study also indicates employers are seeing increasing problems occurring in the workforce with all substances particularly with alcohol. They indicated it is costing the businesses not only in lost days, damaged equipment, poor morale but in difficulties in finding qualified drug free people to hire. We were told one large retail outlet opening last year had to dispense with its drug testing for new employees in order to hire enough people to open the store.
- The bottom line is that LaPorte County has serious substance abuse problems. and sadly they are not getting better despite the efforts of many. They seem to result from very long standing community and even some religious norms that regard alcohol use and overuse as acceptable, poor economic situations, single parent families, high minorities populations, lack of family support systems, many two parents working, a less than vigorous drug curriculum being taught in schools and a national culture that sells youth and adults life is more fun if you drink and anything can be fixed with a drug.

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Year 2 Update:

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Objectives:

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- 1. Advocate for a long term residential treatment center with a family component.
- 2. Highlight and promote employee assistance programs within the county business community.
- 3. Work with law enforcement/pharmacies/medical community to address concerns of prescription abuse including the elderly and youth getting drugs from medicine cabinets at home.
- 3. Support the study of substance abuse problems in the elderly population and provide ATOD information, education and treatment for this age group.
- 4. Expand juvenile treatment services at the juvenile facility
- 5. Promote community treatment, not court ordered.
- 6. Promote best practices for schools in dealing with student abusers ie. student assistance programs.
- 7. Monitor and support legislation granting counties approval that can document the need to have a methadone clinic.
- 8. Enlist an outside agency to collect statistical data on ATOD use in this county and designate an agency to update and store this information.
- 9. Urge the two local hospitals to join the DAWN national network for emergency room calls. Collect data from emergency rooms as to AOD admissions.
- 10. Promote best practices in current and future treatment modalities.
- 11. Advocate and support the creation of drug courts to help appropriate offenders get treatment rather than incarceration.

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Year 1 Update:

- **Treatment Committee members continue to advocate and work for residential treatment even though the prospects appear remote.**
- **With the business study recently completed the LCC will soon be sponsoring workshops to address the need for drug testing employees and employee assistance programs.**
- **We have supported Juvenile Services programs for girls by the Singing Sands Girl Scout Council.**
- **Our legislative survey to the Commission has indicated support for a methadone clinic in our county.**
- **Roosevelt University Institute for Metropolitan Affairs was hired in the fall and is presenting their research on the alcohol and other drug problem in LaPorte County at the June 2006 LCC meeting. Their executive summary and recommendations will be closely examined to explore ways to implement their findings.**
- **Initial contacts have been made with both hospital emergency rooms to enlist their support for data keeping and we believe this cooperation will be forthcoming later this year.**
- **And we are participating on an exploratory committee to establish a drug court.**
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Year 2 Update:

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Final Update:

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Goals:

- **To increase treatment options for all citizens including residential.**
- **To educate 35% of the business community this year in better practices to intervene and encourage, where practical, employee assistance programs.**
- **To use the data provided in the Roosevelt University study to better address the problems and implement three of the new recommendations they have made.**

- To have the two hospitals gather the emergency room data we should have available.
- To engage the county coroner's help so he will keep and share records on substance related deaths.
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Year 1 Annual Benchmarks:

- Benchmarks will be addressed in the 2008 county plan.
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Year 2 Annual Benchmarks:

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Final Report:

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Problem Statement #7:

Supportive Data:

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Year 1 Update:

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Year 2 Update:

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Final Update:

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Objectives:

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Year 1 Update:

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Year 2 Update:

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Final Update:

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Goals:

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Year 1 Annual Benchmarks:

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Year 2 Annual Benchmarks:

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Final Report:

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Problem Statement #8:

Supportive Data:

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Year 1 Update:

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Year 2 Update:

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Final Update:

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Objectives:

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Year 1 Update:

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Final Update:

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Goals:

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Year 1 Annual Benchmarks:

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Year 2 Annual Benchmarks:

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Final Report:

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Please attach the County's Fiscal Report for review!

Next Annual Update Due: June 30, 2007

Next Comprehensive Community Plan Due: June 30, 2008

Date of Community Consultant Review: June 29, 2006

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

Initials: ELK

Local Drug Free Communities Fund Information

Amount deposited in the fund during the calendar year 2005: \$118,316.68

The amount available in the Drug Free Communities Fund on August 31, 2005 was \$113,197.54 Please Note: our funding cycle began on September 1, 2004 and ended when we find out the amount that is in the account on August 31, 2005. These are the total funds used for our budget for 2005-06. Our fiscal cycle for the budget runs on our FY that begins on Oct. 1 and the grants are awarded from January 1 to December 31 as requested by the Commission.

Total Available funds: \$113,197.54

LCC Funding:	Coordinator	\$21,700	
	Conference	1,000	
	Marketing	500	Total LCC Funding: \$27,038
	Training/Workshops	1,000	benefiting all 3 required areas.
	General Operating Fund	2,838	

The coordinator amount covers part time salary at \$15.00 per hour, office expenses and travel at state allowance.

The Conference allocation is to cover expenses for the President and Coordinator to attend the Many Voices State Conference.

Marketing monies are for purchase of some paid advertising on the radio (after which we obtained free PSA's for the entire year on two stations) and give-aways at health fairs.

The Training/Workshop fund is to provide scholarships for active members to attend area training on substance abuse.

The General Operating Fund was established to hold the remainder of the Community Drug Free Fund monies not immediately allocated. We use this money to supplement any fund that may need additional dollars during the year such as Training, Marketing, Red Ribbon etc. as well as to have money available for any agency that comes to us with a grant proposal for something immediate and new that we feel needs to be funded. Sometimes the General Fund is spent down and, sometimes it is not. Last year we granted a supplemental amount of \$2000 to Operation Fellowship from the General Fund for additional scholarships.

Total CDFF: \$113,197.54 less \$27,038 for LCC Funding Remaining: \$86,159

Allocations: 1/4th of those funds = \$21,539.75

Prevention	31640
Treatment	22,129
Justice	32,390
Total	\$86,159

See attached sheets on break down and explanation of amounts of grants awarded to all the agencies and programs we provided funds for in our fiscal year 2004/05. Attached also is a sheet on funds remaining in Community Drug Free Fund accounts at the end of FY 2005

Grant Process and Grantee Requirements

Grantee Requirements: To be eligible to receive funds each agency must have attended 9 of the past 12 meetings between March, 2005 and February, 2006 . Absences shall not be in three consecutive months. A requirement of any request is consecutive attendance six months prior to the request by the applicant or their representative. The grantee must serve on at least one committee (these meet every other month during our regular meeting time) for the LCC. Each grant must address at least one of the Problem Statements in our CCP and at least one of the recommended actions to be considered. The grantee must have fulfilled all the reporting requirements on the past year's grant as well. There are two reports required, one at 6 months and a final year end report that gives a full accounting of the money they received as well as evaluation of the program funded. These reports are reviewed by our Oversight Committee of three members for the six month report and the coordinator does the year end review. The coordinator does site visits on all new grant programs and repeat programs every year or two.

Grant Process

We accept grant proposals on the first Wednesday of April annually. They are delivered to our five grant readers (community members one of whom is a County Council member) to read and review. Grant Readers have about two months to complete their work and mark a worksheet on each grant indicating their opinions as to the importance of the project, amount of funding the project should receive and general evaluations of each grant.

After the grants are all reviewed the data is entered on a spreadsheet for use by the Board of Directors who meet in September after the final Community Drug Free Fund amount becomes available. The monies are allocated into categories with funding benefiting the entire membership coming off the top of the fund and the remainder is divided in fourths. The grants allocations are determined by balancing the grant requests, recommendations from our grant readers and available funds in each area we serve. The final allocations are presented to the membership for their approval before being submitted to the County Council. We appear before the council in November and give out the grant funds at the first Wednesday in January at our meeting.

DESCRIPTION OF GRANTS FOR 2005/06

PREVENTION

\$3500 - To New Prairie Schools for Red Ribbon activities in all their schools with activities such as drug education worksheets, poster/art contests, speakers, essay contests, and special daily activities that involve active involvement from the students.

\$3000 – Operation Fellowship will provide scholarships for eight to ten youth to participate in the martial arts program three times a week for one full year plus competitions, uniforms, trophies, belts etc. These youth are from the highest risk populations in Michigan City.

\$5000 – Project Ed is a court ordered intervention program at the three LaPorte secondary schools that demonstrates dramatic results in keeping youth in school and achieving their success in learning. The expulsion and suspension rates have dropped remarkably since it was put in place.

\$5000 - Underage Drinking and Driving is to bring a specialized Volkswagen Bug to all the schools in the county. This car is driven on an obstacle course by a student and then when an adult riding along throws a switch the car reacts as if the driver is drunk. The students experience what it would be like to be a drunk driver and see what little control they have.

****All Special Programs (SP) are funded and under the direction of the Partnership.**

\$2000 – SP Teen Nights is a project for the youth council from across the county to plan and conduct 3 –4 youth events in different locations for all county teens promoting a drug free life. They held three events this past year and are excited about new opportunities for drug free activities. They are considering a evening at a coffeehouse, and a talent show or battle of the bands event.

\$1000 – SP Youth Advisory Board is to fund refreshments and costs incurred for the youth meetings to do the planning for Teen Nights and other initiatives and to pay a small stipend to an adult leader to facilitate their meetings and activities. Some of the board traveled to the state Youth Summit in October and are developing plans to hold a county wide Youth Forum later this winter.

\$2000 – SP Red Ribbon provides financial support for the Red Ribbon activities during the end of October. With the financial help of Swanson Center this year we conducted an art contest across the county schools. Students designed anti-drug/and CHARACTER building theme bookmarks aimed at three different age groups. We distributed nearly 19,000, one to every student in the county. Prizes were awarded to top winners in each group that included every school corporation.

\$3700 - Boys and Girls Clubs; They are asking for funds to pay for the continuation of Smart Moves, a prevention curriculum used after school. This program is a science based prevention program teaching young people skills to resist alcohol, tobacco and other drugs and is offered during the school year at several locations in Michigan City. Since Jan., 2005 seventy seven youth enrolled in Smart Moves during the spring semester.

TREATMENT GRANTS

\$3500 – YANA (a recovery/abstinence club) uses the funds to hold a few parties and social events for their members and families that are totally substance free and give people in recovery a place to go that supports their recovery process.

\$5000 – LaPorte County Jail Treatment Program. This grant helps to pay for some of those in the jail treatment program that cannot pay the required fees. The program is demonstrating low recidivism for rearrests and a good success rate at collecting fees from the participants.

\$350 - PACT halfway house in Michigan City uses these funds to continue to enlarge their video library on addiction and recovery that is viewed by many inmates.

\$4968 – Community Corrections will purchase The Big Book , other Alcoholic and Narcotic Anonymous books, and other materials for the inmates to use in working toward their recovery and help to fund the services of an addiction counselor for their evening sessions held weekly at the center.

\$659 – Swanson Center Case Management requests money to purchase additional drug test kits to monitor the more than 70 clients in their treatment program with a minimum of 6 tests given to clients during their 180 day out patient program.

\$5000 – SP ONE TIME Roosevelt University Study. We have hired two professionals from the Institute of Metropolitan Affairs from the University to conduct a study to document what kinds and amounts of drugs/and alcohol are used in LP County, where the drugs come from and what experts see are the needs required to address these specific concerns. We expect it to be completed by the end of March and will be available for anyone that needs this information.

JUSTICE GRANTS

\$4880 – DUI Impact Task Force The program will recognize the top county patrol officers for their DUI arrests with pins, plaques, and special recognition for the very top officer and to provide participating police departments with the PBT kits they need in to have every patrol car to test drivers that have been stopped. And to do some public education possibly through movie trailers on drinking and driving.

\$5000 – Metro Operations funds undercover drug buys in the county and provides the support our law enforcements need to keep drugs off our streets.

\$5000 – Teen Court MC and

\$5000 – Teen Court LP These funds help pay for this fine program reaching a number of youth through the assignment to be judged by their peers and/or being an active member of the court judicial process.

\$1850 - Indiana. State Police wish to purchase LED Arrow Sticks to increase visibility, help inform surrounding traffic of the traffic stop and reduce the risk of injury to the offenders and officers. These will be used on the roadways of LaPorte County.

\$5000 - Indiana State Excise Police This grant will provide funds for increased enforcement hours and will result in increased arrests and violations that will cause a measurable awareness concerning the alcohol and tobacco laws of our state. These target saturation patrols will be used during homecoming, proms, summer and holiday weekends and the LaPorte County Fair.

\$4360 - LaPorte County Sheriff's Dept. They have asked for money to purchase ten new alcSENSOR kits the deputies use in their cars as they patrol across the county. These are essential to the development of probable cause in DUI arrests. These are needed to replace the kits on a regular basis. The DUI arrests lead to some of the accountability of offenders and increases the Community Drug Free Funds which directly benefit LaPorte County.

\$1300 - LaPorte City Police Dept. They were approved for a grant to purchase narcotic testing tubes to examine evidence discovered during stops and arrests by the LPPD. These are needed to determine whether it is an illegal substance. The tubes will test for marijuana, cocaine, heroin, amphetamines, barbiturates and hallucinogens. These convicted offenders contribute directly as above through their court ordered monetary fines.

LCC ADMINISTRATION Total: \$27,038

\$21700 – Coordinator Salary including Office Expenses and Mileage

\$1000 – Conference fund to pay for Officers/Coordinator to attend state conference

\$500 – Marketing the LCC through out the community

\$1000 – Workshops and Training of members

\$2838 – LCC Operating Fund to pay for one time or special small grant requests and hold another Community Forum for future planning.

Prevention: \$31,640	\$113,197 total Community Funds Available
Treatment: \$22,129	- <u>27,038</u> for LCC benefiting all areas
Justice \$32,390	\$ 86,159 or 1/4 th min for each area \$21,539
LCC \$27,038	
Total \$113,197	